

Colorectal Cancer

Colorectal cancer (CRC) is both a high volume and high-risk disease. CRC ranks second among causes of cancer deaths, accounts for approximately 11% of all new cancer cases, and is the third most common cancer among men and women in the United States. However, the 5-year relative survival rate is over 90% for people whose CRC is found and treated in Stage I, as compared to 5% for people with Stage IV disease. Unfortunately, fewer than 30% of cases are detected at an early stage.

Current CRC screening guidelines recommend that veterans older than 50 years should have a:

- Fecal Occult Blood Test (FOBT) series once a year,
- Sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years.

Best practice recommendations state that all positive FOBT or sigmoidoscopy findings should receive a follow-up diagnostic evaluation by colonoscopy within 60 days.

The VA Office of Quality and Performance reports that 36% of eligible patients fail to receive timely CRC screening nationally. Estimates of failure to perform timely diagnostic follow-up colonoscopy range from 30% to 50%. These estimates highlight a tragic gap between best and current CRC screening and surveillance practices. Efforts to address this gap have enormous potential to prevent suffering, reduce morbidity and cancer-related mortality, improve efficiency of resource use, and substantially improve quality of life for a large number of veterans.

The primary mission of the Colorectal Cancer Quality Enhancement Research Initiative (QUERI-CRC) is to reduce incidence, late detection, suffering, and mortality from CRC among all veterans by promoting the implementation of research discoveries and innovations into patient care and systems improvements. Success at achieving this mission is defined as creating measurable, rapid, and sustainable improvements in colorectal cancer prevention, early detection, treatment, palliative care, and patient-centered outcomes.

Recently funded, the QUERI-CRC has been primarily involved in foundation building activities that include: developing a data system for informing, monitoring, and assessing outcomes of screening promotion projects; activities intended to develop a foundation for rapid-cycle organizational change interventions; and the development of functional partnerships with VA researchers, the National Cancer Institute, American Cancer Society, other QUERI groups, and the newly funded NCI "Cancer Care Outcomes Research and Surveillance Consortium" (CanCORS) Steering Committee, among others. QUERI-CRC is also working to develop rapid and responsive dissemination channels (i.e., website,

newsletter), and is conducting assessment activities to inform and promote the development of quality enhancement programs that target organizational, provider, and patient barriers to screening.

QUERI-CRC Projects

QUERI-CRC is in the process of developing and implementing projects to measure the impact of promoting best CRC screening and colonoscopic follow-up practices. Current efforts in this area focus on building the foundation for effective interventions and establishing systems for collaboration and dissemination of information. QUERI-CRC is working to:

- Develop a data system for informing, monitoring, and assessing outcomes of screening-promotion projects. The basic data elements for this system will come from VA outpatient and lab data, but will be supplemented through additional sponsored projects with Medicare and survey data. Structural, provider, and patient mediators of quality improvement outcomes to be measured include: improved patient attitude toward and intention to participate in screening, improved

The QUERI-CRC Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The QUERI-CRC Research Coordinator is **Michelle VanRyn, PhD**, and the Clinical Coordinator is **John Bond, MD**. The QUERI-CRC Executive Committee also includes: Nancy Baxter, MD, PhD; Catherine Borbas, PhD; Jason Dominitz, MD; Krysten Halek, MA; Mark Helfand, MD; **Laura Kochevar, PhD** (Implementation Research Coordinator); Ronald E. Myers, DSW, PhD; Melissa Partin, PhD; Dawn Provenzale, MD; David Rothenberger, MD; Jackilen Shannon, PhD; Sally Vernon, PhD; Beth Virnig, PhD; and Elizabeth M. Yano, PhD.

provider recommendation for screening and follow-up, and enhanced system capacity for screening and follow-up.

- Participate as a member of the NCI CanCORS to identify patterns of CRC care and treatment.
- Develop and begin implementing an electronic event notification system to improve the diagnostic evaluation follow-up rate for positive CRC screens.
- Assess health literacy among VA patients, both as it relates to current screening practices and as a guide to the development of interventions to improve CRC screening and follow-up.
- Continue to develop projects designed to promote best CRC screening and follow-up practices.

Expected QUERI-CRC Products

QUERI-CRC activities are expected to result in a number of products, including:

- Valid, efficient data systems for monitoring variations in CRC screening and quality of CRC treatment, and assessing impacts of quality improvement efforts;

- A detailed description of patterns of CRC care and treatment within VA facilities, with recommendations for continued quality assurance and improvement;
- Sustainable and reproducible strategies for increasing CRC screening and reducing late detection;
- Culturally sensitive programs targeting patient adherence and provision of culturally appropriate care;
- Technical assistance in reproducing strategies in diverse care settings; and
- Continued widespread dissemination of information through a web site, newsletters, publications, and relevant conferences and meetings.

Quality Enhancement Research Initiative

QUERI currently focuses on eight conditions that are prevalent and high-risk among veteran patients: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Use Disorders.

The QUERI Process

The QUERI process includes six steps:

- 1) identify high-risk/high volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life.

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QUERI-CRC direct web link: www.hsrdr.minneapolis.med.va.gov/CRC/CRCHome.asp